

| POSITION                  | INITIALS  | ID NO.       | DATE           |
|---------------------------|-----------|--------------|----------------|
| FEE DETERMINATION         | <i>Mr</i> | <i>62614</i> | <i>3/12/00</i> |
| O.I.P.E. CLASSIFIER       | <i>L</i>  | <i>2</i>     | <i>3/12/00</i> |
| FORMALITY REVIEW          |           |              |                |
| RESPONSE FORMALITY REVIEW |           | <i>70619</i> | <i>5/11/00</i> |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date     |
|-------|-------|----------|----------|
| 1     | ✓     | ✓        | 9/12/03  |
| 2     | ✓     | ✓        | 12/18/99 |
| 3     | ✓     | ✓        |          |
| 4     | ✓     | ✓        |          |
| 5     | ✓     | ✓        |          |
| 6     | ✓     | ✓        |          |
| 7     | ✓     | ✓        |          |
| 8     | ✓     | ✓        |          |
| 9     | ✓     | ✓        |          |
| 10    | ✓     | ✓        |          |
| 11    | ✓     | ✓        |          |
| 12    | ✓     | ✓        |          |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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